



# Dance Xplosion Adult Class Card Form

# of Classes	Cost
1	\$15
5	\$65
10	\$120
15	\$165
20	\$200
25	\$225
30	\$240

**\*Adult class cards do NOT expire**

**\*Registration fee is NOT required**

**\*The class card MUST be present to take class**

**\*Class cards are for students 18+ years of age**

**\*We are NOT responsible for lost, stolen or damaged cards**

**\*Class cards are NOT transferable to children & are NOT redeemable for cash**

**Name(s):** \_\_\_\_\_ **Updated Info**

**Home Address:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(street address) (city) (zip)

**Phone #:** (\_\_\_\_\_) \_\_\_\_\_ **Alternative Phone#:** (\_\_\_\_\_) \_\_\_\_\_

**Parent Email** *(required- this will be your login ID):* \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency Phone #:** (\_\_\_\_\_) \_\_\_\_\_  
(not a parent)

### Dance Xplosion, LLC - Studio Waiver

In consideration of your acceptance of the enrollment, I, intending to be legally bound, do hereby waive, release, and forever discharge all rights and claims against Dance Xplosion, LLC and/or involved staff for damages or injury sustained by me or my child while in classes or on studio premises before or after class, or at any other studio activities including but not limited to recitals, workshops, camps, intensives, competitions, performances, and visits to surrounding community businesses. I authorize and agree to hold harmless Dance Xplosion LLC to obtain medical emergency assistance when they deem necessary and for Dance Xplosion LLC to provide transportation to receive such medical assistance for myself and/or my child named below.

I further agree to be financially responsible for all medical services provided to me and/or my child named below, including the cost of defense and enforcement of this indemnity agreement.

I understand and agree that Dance Xplosion LLC and staff may administer first aid on Dance Xplosion premises in the event of minor injuries. Guardians may be notified if basic first aid is provided to any child.

I authorize Dance Xplosion LLC to use photos and/or video taken of me or my child while at dance or dance functions for marketing and promotional materials, including website and social media. Please note that Dance Xplosion LLC agrees to not make public or resell any private information provided to it by students and their families.

**I have read the foregoing Studio Waiver and agree with it in all respects.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PAYMENT POLICY:** \*Payment for Adult classes is due at time of purchase\*

*\*If you select to use your card on file from the previous season we will charge it fully at the time of registrations.*

*\*Payments by email or fax, please completely fill out Credit Card info below.*

I SELECT TO USE THE SAME CREDIT CARD AS THE PREVIOUS SEASON (sign below to authorize)

Card #: \_\_\_\_\_

Card Type: VISA / MasterCard / Discover 3-Digit Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Card Holder Name (printed, as seen on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

**By signing below you acknowledge and authorize the "Amount Due Today/Family" will be charged to the above listed card immediately.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_